

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>fk</i>		
FORMALITY REVIEW			3-11-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date			
Final	Original	10/10/98	10/10/98	10/10/98
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
26	27	28	29	30
31	32	33	34	35
36	37	38	39	40
41	42	43	44	45
46	47	48	49	50

Claim	Date			
Final	Original			
51	52	53	54	55
56	57	58	59	60
61	62	63	64	65
66	67	68	69	70
71	72	73	74	75
76	77	78	79	80
81	82	83	84	85
86	87	88	89	90
91	92	93	94	95
96	97	98	99	100

Claim	Date			
Final	Original			
110	112	113	114	115
116	117	118	119	120
121	122	123	124	125
126	127	128	129	130
131	132	133	134	135
136	137	138	139	140
141	142	143	144	145
146	147	148	149	150

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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